

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No.

10/701,237

Applicant

Douglas S. Martin

Filed

: November 4, 2003

Title

LINERLESS DISPENSING CAP

TC/A.U.

1732

Examiner

Monica A. Huson

Docket No.

33583US2

Customer No.

038598

Mail Stop AF Commissioner of Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

AMENDMENT AFTER FINAL REJECTION UNDER 37 C.F.R. § 1.116

Sir:

In response to the Office Action mailed August 23, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.

| Application or Docket Number | | | | | | | | | | | | ber |
|--|--|---|-----------------|-----------------------------------|--------------|------------------|-------------------|---|--|---------|---------------------|------------------------|
| | PATENT A | APPLICATIO | RD | 321237 032 | | | | | | | | |
| Effective October 1, 2003 | | | | | | | | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | OTHER THAN | |
| TC | TAL CLAIMS | | 14 | | | | ſ | RATE | FEE | 1 | RATE | FEE |
| | | | | | NUMBER EXTRA | | l | BASIC FEE | | | BASIC FEE | 770.00 |
| FOR | | | NUMBER FILED | | | | ł | | 1000.00 | Un | | |
| TOTAL CHARGEABLE CLAIMS | | | , minus 20= | | . 6 | | | X\$ 9= | <u> </u> | OR | X\$18= | |
| INDEPENDENT CLAIMS | | |) minus 3 = | | . 0 | | | X43= | | OR | X86= | |
| MU | LTIPLE DEPEN | IDENT CLAIM PF | RESENT | | | | | +145= | | OR | +290= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | olumn 2 | • | TOTAL | 385 | OR | TOTAL | |
| CLAIMS AS AMENDED - PART II | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | | OR 1 | SMALL | |
| NT A | 1005 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAIO I | BER DUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
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| | | | | | | | | TOTAL ADDIT, FEE | | OR | TOTAL ADDIT, FEE | |
| 111 | nt - | (Column 1) | • | (Colur | mn 2) · | (Column.3) | | | | , | | -: . |
| | ++ | (Column 1) CLAIMS | | HIGH | EST | | 1 | | ADDI- | | | ADDI- |
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| | \ \ \ | CLAIMS | | HIGH | EST | : | 1 [| | ADDI- | | | ADDI- |
| AMENDMENT C | | REMAINING AFTER AMENOMENT | | PREVIO | OUSLY | PRESENT EXTRA | $\rfloor \lfloor$ | RATE : | TIONAL FEE | | RATE | TIONAL FEE |
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| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ** ADDIT. FEE ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
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